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Bib Data Sheet

CONFIRMATION NO. 7233

<b>SERIAL NUMBER</b> 09/417,266	<b>FILING DATE</b> 10/12/1999 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> 8285/238	
<b>APPLICANTS</b> SAMUEL GEORGE MAROPIS, CRYSTAL LAKE, IL; JOHN WESLEY MOSS, LAKE ZURICH, IL; DAVID D. BREZINSKI, STREAMWOOD, IL; MARK JOSEPH THABIT, CHICAGO, IL;					
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/03/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 757					
<b>TITLE</b> METHOD AND APPARATUS FOR PROVIDING PREPAID LOCAL TELEPHONE SERVICES					
<b>FILING FEE RECEIVED</b> 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/417,266	FILING DATE 10/12/99	CLASS 379	GROUP ART UNIT 2742 2645	ATTORNEY DOCKET NO. 8285/238
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APPLICANT

SAMUEL GEORGE MAROPIS, CRYSTAL LAKE, IL; JOHN WESLEY MOSS, LAKE ZURICH, IL; DAVID D. BREZINSKI, STREAMWOOD, IL; MARK JOSEPH THABIT, CHICAGO, IL. ✓

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NONE R.G.F. ✓

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NONE R.G.F. ✓

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NONE R.G.F. ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/03/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials: <u>R.G.F.</u> Initials: _____						

ADDRESS

WILLIAM A WEBB  
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P O BOX 10395  
CHICAGO IL 60610

TITLE

METHOD AND APPARATUS FOR PROVIDING PREPAID LOCAL TELEPHONE SERVICES

FILING FEE RECEIVED  \$968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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